

PART B - FEE(S) TRANSMITTAL

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05/25/2007

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Pamela Skelton

(Depositor's name)

Pamela Skelton

(Signature)

8/20/07

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,668	10/14/2003	Steve Mitchell	SFMTD-05009US1	3396

TITLE OF INVENTION: ARTIFICIAL VERTEBRAL DISK REPLACEMENT IMPLANT WITH CROSSBAR SPACER AND METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	08/27/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SNOW, BRUCE EDWARD	3738	623-01710				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the name of up to 3 registered patent attorneys or agents OR, alternatively,
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I Townsend and
Townsend and Crew LLP

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

St. Francis Medical Technologies, Inc. Concord, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid Issue fee shown above)

Issue Fee
 Publication Fee (No small entity discount permitted)
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b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Michael R. Shevlin

Date 8/20/07

Typed or printed name Michael R. Shevlin

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